FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 2:02

DOCUMENT # N94000000542 (0)

1. Corporation Name

COPPERFIELD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
700 N.W. 107 AVE. MIAMI FL 33172	700 N.W. 107 AVE. MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1994
3a. Date of Last Report:
4. FEI Number: 59-3261610 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2955 PINEDA CSWY.	26 2955 PINEDA CSWY.
Suite, Apt. #, etc. 22 STE. 117	Suite, Apt. #, etc. 27 STE. 117
City & State 23 MELBOURNE FL	City & State 28 MELBOURNE FL
Zip / Country 24 32940 / 25 BREVARD	Zip / Country 29 32940 / 30 BREVARD

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J
700 N.W. 107 AVE.
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	GUIDO, DOUGLAS G	1.2 NAME	HARTER, KATHY B.	
STREET ADDRESS	2955 PINEDA CAUSEWAY	1.3 STREET ADDRESS	2955 PINEDA CAUSEWAY #117	
CITY-ST-ZIP	MELBOURNE FL 32940	1.4 CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	DV	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	MOORE, WILLIAM M	2.2 NAME	HACKER, E. BING	
STREET ADDRESS	2955 PINEDA CAUSEWAY	2.3 STREET ADDRESS	2955 PINEDA CAUSEWAY #117	
CITY-ST-ZIP	MELBOURNE FL 32940	2.4 CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	DST	3.1 TITLE		☐ Change ☐ Addition
NAME	MRKVICKA, JODY M	3.2 NAME		
STREET ADDRESS	2955 PINEDA CAUSEWAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jody Mrkvicka 1-13-95 407-255-9097
(SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
JODY MRKVICKA

0000004